LEA Medicaid Billing - Service Documentation – Behavior Counseling

Student name:School district:					Birthdate: ICD 9 co			:		
					Building:					
~ .					<u> </u>					
Service		T	Ι	T						T
Date of	Time in	Time out	Total time	Service code	Intervention/ service	Comments / student	t response			Initials
Service			(minutes)	(see below)	(describe if no code below)					-
										-
										+
										+
										+
										+
										
-		tal time:	(n	ninutes) (Pro	cedure code H0046 HO	– 15 min. unit)				
Service				T				<u> </u>		
					al Skills Training = SST	Wor	k Completion = WC			
				Beha	vior Management = BM					
Confl	ict Resolut	tion Couns	seling = CR		Self esteem = SE					
	providers	s:								
Signatur	re		I	nitials	Position	Signature		Initials	Position	
Signatur	e		1	nitials	Position	Signature		Initials	Position	
Signatur	re		1	nitials	Position	Signature		Initials	Position	
Signatur	e		J	nitials	Position	Signature		Initials	Position	

(7-6-04)